



INERT WASTE DISPOSAL VARIANCE APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH - DIVISION OF WASTE MANAGEMENT

Telephone: 701-328-5166 Fax: 701-328-5200 Website: www.health.state.nd.us

SFN-50278 Rev. 08/03

File Use Only:

County:

Please read the Department's Inert Waste Disposal Variance Guideline 22 before completing the variance application. Applications must be thorough and complete to be considered. A written Inert Waste Disposal Variance must be received from the Department before disposal may begin. Please call the Department's Solid Waste Program at 701-328-5166 with any questions.

A. Inert Waste Description

Waste Type:

Waste Source:

Waste Volume:

General Geographic Location:

County:

Legal Description or Street Address:

Responsible Party:

Street/Box:

City, State, Zip

Telephone:

B. Reason Or Justification For Variance

C. Proposed Inert Waste Disposal Location

of Section:

Township:

Range: County:

Total Acreage:

Property Owner:

Street/Box:

City, Zip Code:

Telephone:

Present Land Use:

Future Land Use:

D. Contractor For Waste Disposal

Name:

Contact:

Street Box:

City, State, Zip:

Telephone:

Mobile Telephone:

Equipment Used For Waste Disposal:

E. Maps

Indicate (✓) which maps accompany the application (see Instructions in Disposal Site Selection of guideline):

☐ Published Soil Survey Map

☐ Unpublished Soil Survey Map

☐ CFSA Map

☐ Topographic Map

F. Disposal Site And Soil Characteristic

Site Slope (percent):

Distance to Surface Water (feet):

Depth to Seasonal High Water Table (feet):

Soil Type and Texture:

G. Disposal Site Design (Enclose appropriate diagrams, maps, cross sections, and narrative.)

Site Plan View:

One to Two Cross Sections Showing: Trench Depth:

Waste Placement:

Final Cover Design:

Final Vegetation:

Enclose Diagrams of These Components — Enclosed: ☐ Yes☐ No**H. Supplemental Application Forms**

Indicate (✓) which supplemental forms are completed and attached to the application:

☐

Application for Open Burn Variance

☐

Notification of Demolition and Renovation

I. Local Zoning Approval

Inert waste disposal must not conflict with local zoning ordinances. Consult with representatives of the applicable zoning jurisdiction (county, township, or city) to determine inert waste disposal compliance with zoning ordinances. A representative of the local zoning jurisdiction must sign the application.

I, the undersigned, certify that inert waste disposal at the location described on this application does not conflict with local zoning ordinances.

(Signature)

Date

(Zoning Jurisdiction)

Date**J. Signatures**

Signatures are required by the following: the party responsible for the waste and/or owner of the property scheduled for demolition; the contractor; and owner of inert waste disposal site.

Party Responsible for Waste: The inert waste and/or the structure scheduled for demolition has been inspected. Prohibited waste or materials described in the Department's Inert Waste Disposal Guideline will not be disposed and/or will be removed from the structure prior to demolition.

(Signature)

Date

Contractor: The inert waste disposal site will be operated and closed according to the Department's Inert Waste Disposal Variance Guideline.

(Signature)

Date

Disposal Site Owner: A notification of inert waste disposal will be filed with the County Register of Deeds. The notification will be completed according to the Department's Inert Waste Disposal Variance Guideline. The Department will be provided with a certified copy of the notice within thirty (30) days of filing.

(Signature)

Date

Mail this application and supplemental forms to: North Dakota Department of Health, Division of Waste Management,
PO Box 5520, Bismarck, ND 58506-5520